

ALL IOWA STORE

2002 HOME AND GARDEN SHOW VENDOR APPLICATION FORM

Person's Name _____ Date: _____

Business Name: _____ Phone: (Day) _____ (Eve) _____

Mailing Address: _____

City: _____ State: _____ ZIP _____

WHAT BEST DESCRIBES YOUR PRODUCT LINE? (Check one for each kind)

Candles _____	Paintings _____	Unprocessed Ag Product _____
Clothing/Textiles _____	Perfume/Oil/Potpourri _____	Woodworking _____
Graphic Arts _____	Plants/Flowers _____	Written Works _____
Herb/Spice/Condiment _____	Pottery _____	Other (Describe) _____
Jewelry _____	Processed Food** _____	_____
Leather/Furs _____	Silk Screening _____	_____
Metal _____	Toys/Dolls _____	_____

If food, what is your food license number? _____

Please submit a copy of your food license with this application.**

****The Iowa State Horticultural Society is not responsible for lost, broken, stolen, or damaged products****

How is your business organized? (check one)

_____ Sole Proprietorship _____ Partnership _____ Corporation _____ # of employees _____
_____ Other (specify): _____

*****PRODUCT INFORMATION*****

ITEM #1: _____ Retail price: _____ each
Describe the product, how it is made, and explain why it qualifies as an "Iowa-made" product.

Quantity of Item #1 that can be made
available for Feb. 13-17, 2002: _____

ITEM #2: _____ Retail price: _____ each
Describe the product, how it is made, and explain why it qualifies as an “Iowa-made” product.

Quantity of Item #2 that can be made
available for Feb. 13-17, 2002: _____

ITEM #3: _____ Retail price: _____ each
Describe the product, how it is made, and explain why it qualifies as an “Iowa-made” product.

Quantity of Item #3 that can be made
available for Feb. 13-17, 2002: _____

ITEM #4: _____ Retail price: _____ each
Describe the product, how it is made, and explain why it qualifies as an “Iowa-made” product.

Quantity of Item #4 that can be made

available for Feb. 13-17, 2002: _____

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